Health, & Welfare Public Service

S. 300
1-57 4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012111
STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): WARRENTON — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): KATY JANE MEM HOME — Length of stay in 1b: 12 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LINCOLN
c. CITY OR TOWN: OLD MONROE 0-570 — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: MARY Middle: JANE Last: HOBBIS

4. DATE OF DEATH: Month: APR Day: 3 Year: 59

5. SEX: F 1

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐

8. DATE OF BIRTH: May 25 1869

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): England 4

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Harris

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: George Hobbis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: George Hobbis Address: 8612 HallsFerry Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chr. Cardio-Vascular-renal Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chr. Hypertension
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus 442x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-23-59 to 4-3-59 and last saw her/him alive on 4-2-59
Death occurred at 5:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. Walter Tyermann MD — 22b. ADDRESS: Warrenton Mo — 22c. DATE SIGNED: 4-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: Apr 6 59 — 23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus — 23d. LOCATION (City, town, or county) (State): St. Louis Mo

24. FUNERAL DIRECTOR ADDRESS: E.J.Schnur 3125 Lafayette

25. DATE RECD. BY LOCAL REG.: April 4 1959

26. REGISTRAR'S SIGNATURE: Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Rev. Eyermann
MAIN
4 Blocks
Farmers Cafe

VS APR 17 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.